

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 6		
1. Contract/Purch Order/Agreement No. DAAE20-02-P-0050			2. Delivery Order/Call No.		3. Date Of Order/Call (YYYYMMDD) 2001NOV14		4. Requisition/Purch Request No. SEE SCHEDULE			5. Priority DOA5		
6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CAC-C LORRIE SCHMIDT (309)782-0673 ROCK ISLAND IL 61299-7630 EMAIL: SCHMIDTL@RIA.ARMY.MIL			Code W52H09		7. Administered By (If other than 6) DCMA LONG ISLAND 605 STEWART AVENUE GARDEN CITY NY 11530-4761			Code S3309A		8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)		
9. Contractor DUNRITE TOOL AND DIE INC 2120 5TH AVENUE RONKONKOMA NY 11779-6906 Name and Address TYPE BUSINESS: Other Small Business Performing in U.S.			Code 34813		Facility		10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE			11. X If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned		
							12. Discount Terms					
							13. Mail Invoices To the Address in Block See Block 15					
14. Ship To SEE SCHEDULE			Code		15. Payment Will Be Made By DFAS-COLUMBUS CENTER DFAS-CO-JNB/BUNKER HILL P O BOX 182077 COLUMBUS OH 43218-2077			Code SC1016		Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2		
16. Type of Order		Delivery/Call		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
				Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2001T0331, Dated 2001JUN14 LORRIE SCHMIDT furnish the following on terms specified herein.								
Purchase		X		Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE												
18. Item No.		19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			20. Quantity Ordered/Accepted*		21. Unit		22. Unit Price		23. Amount	
		KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America By: ROXANNE SPURGETIS /SIGNED/ SPURGETISR@RIA.ARMY.MIL (309)782-4886					25. Total \$17,025.00		29. Differences	
26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted Date Signature Of Authorized Govt Representative						27. Ship. No.		28. D.O. Voucher No.		30. Initials		
						<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For		
36. I certify this account is correct and proper for payment Date Signature And Title Of Certifying Officer						31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final				34. Check Number		
										35. Bill Of Lading No.		
37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account Number		42. S/R Voucher No.		
DD Form 1155, Jan 1998 Previous edition may be used												

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-02-P-0050 MOD/AMD	Page 2 of 6
Name of Offeror or Contractor: DUNRITE TOOL AND DIE INC		

SUPPLEMENTAL INFORMATION

1. REQUEST YOUR QUOTATION REMAIN VALID FOR 90 DAYS.
2. DATAFAX NUMBER IS 309-782-0717 .
3. PLEASE PROVIDE YOUR DUNS NUMBER: _____
4. PLEASE PROVIDE YOUR CAGE OR FSCM CODE: _____
5. PLEASE PROVIDE YOUR E-MAIL ADDRESS: _____

*** END OF NARRATIVE A 001 ***

PHOSPHATE COATING PROCEDURES ARE REQUIRED IN ACCORDANCE WITH MIL-DTL-16232. IT IS REQUESTED THAT PROCEDURES BE SUBMITTED FOR APPROVAL WITHIN SIX WEEKS AFTER DATE OF AWARD.

- *** END OF NARRATIVE A 002 ***
1. The purpose of this amendment is to extend the date for receipt of offers from July 16, 2001 to August 3, 2001.
 2. all other terms and conditions remain unchanged.

- *** END OF NARRATIVE A 003 ***
1. The purpose of this amendment is to correct the date for receipt of offers as stated in the narrative on amendment 0001 from August 3, 2001 to August 15, 2001.
 2. All other terms and conditions remain unchanged.

*** END OF NARRATIVE A 004 ***

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Name of Offeror or Contractor: DUNRITE TOOL AND DIE INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p>0001AA <u>PRODUCTION QUANTITY</u></p> <p>250</p> <p>NSN: 1015-00-678-7110 NOUN: BRUSH,CLEANING,ARTI FSCM: 19206 PART NR: 8766039 SECURITY CLASS: Unclassified PRON: M111A120M1 PRON AMD: 03 ACRN: AA AMS CD: 070011</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H091116H600 W25G1U J 2 <u>DEL REL CD QUANTITY DEL DATE</u> 001 250 15-APR-2002</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-02-P-0050/0000</p>	250	EA	\$ 68.10000	\$ 17,025.00
0002	<p><u>Supplies or Services and Prices/Costs</u></p> <p><u>DATA ITEM</u></p> <p>NOUN: DD FORM 1423 SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A.</p> <p>A DD 250 IS NOT REQUIRED.</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u></p>			\$ ** NSP **	\$ ** NSP **

Name of Offeror or Contractor: DUNRITE TOOL AND DIE INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	INSPECTION: Origin ACCEPTANCE: Destination				

CONTINUATION SHEET**Reference No. of Document Being Continued**

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Name of Offeror or Contractor: DUNRITE TOOL AND DIE INC

CONTRACT ADMINISTRATION DATA

										JOB			
LINE	PRON/	OBLG								ORDER	ACCOUNTING	OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	M111A120M1	AA	2	97	X4930AC6G	6D		26FB	S11116		W52H09	\$	17,025.00
070011													
											TOTAL	\$	17,025.00

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G	6D	26FB S11116	W52H09	\$ 17,025.00
						TOTAL	\$ 17,025.00

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Name of Offeror or Contractor: DUNRITE TOOL AND DIE INC			

LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Exhibit A	CONTRACT DATA REQUIREMENTS LIST	11-MAY-2001	001	
Attachment 001	DOCUMENT SUMMARY LIST		001	